

Enrollment Form for Flexible Spending Account
Williamson County Government Dependent Care Reimbursement Plan

Effective Date: _____

Employee Information

Name: _____
(Last, First, Middle Initial)

Social Security #: _____ - _____ - _____

Home Address: _____
(Street Address)

Date of Hire: ____/____/____

(City, State ZIP Code)

Marital Status (check one): ☐ Single ☐ Married

Dependents to be Covered

<u>Last Name, First Name</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Social Security Number</u>	<u>Relationship to Employee</u>
_____	_____	____/____/____	____ - ____ - ____	_____
_____	_____	____/____/____	____ - ____ - ____	_____
_____	_____	____/____/____	____ - ____ - ____	_____
_____	_____	____/____/____	____ - ____ - ____	_____

Standard Payroll Schedule

The following is a list of pay days that will occur during the Plan Year (From 1/01/12 to 12/31/12). You can use it to count the number of pay periods that will occur while you are on the plan and calculate your annual reduction amount.

WCG-26 Pays- (1/13/2012, 1/27/2012, 2/10/2012, 2/24/2012, 3/9/2012, 3/23/2012, 4/6/2012, 4/20/2012, 5/4/2012, 5/18/2012, 6/1/2012, 6/15/2012, 6/29/2012, 7/13/2012, 7/27/2012, 8/10/2012, 8/24/2012, 9/7/2012, 9/21/2012, 10/5/2012, 10/19/2012, 11/2/2012, 11/16/2012, 11/30/2012, 12/14/2012, 12/28/2012)

BOE-Professional-24 Pays- (1/13/2012, 1/31/2012, 2/15/2012, 2/29/2012, 3/15/2012, 3/30/2012, 4/13/2012, 4/30/2012, 5/15/2012, 5/31/2012, 6/15/2012, 6/29/2012, 7/13/2012, 7/31/2012, 8/15/2012, 8/31/2012, 9/14/2012, 9/28/2012, 10/15/2012, 10/31/2012, 11/15/2012, 11/30/2012, 12/14/2012, 12/31/2012)

BOE-Classified 11 Month-22 Pays- (1/13/2012, 1/31/2012, 2/15/2012, 2/29/2012, 3/15/2012, 3/30/2012, 4/13/2012, 4/30/2012, 5/15/2012, 5/31/2012, 6/15/2012, 6/29/2012, 8/15/2012, 8/31/2012, 9/14/2012, 9/28/2012, 10/15/2012, 10/31/2012, 11/15/2012, 11/30/2012, 12/14/2012, 12/31/2012)

BOE-Classified 10 Month-20 Pays- (1/13/2012, 1/31/2012, 2/15/2012, 2/29/2012, 3/15/2012, 3/30/2012, 4/13/2012, 4/30/2012, 5/15/2012, 5/31/2012, 6/15/2012, 8/31/2012, 9/14/2012, 9/28/2012, 10/15/2012, 10/31/2012, 11/15/2012, 11/30/2012, 12/14/2012, 12/31/2012)

Annual Reduction

You are reducing your annual compensation to pay for eligible dependent care expenses with pre-tax dollars. This is a voluntary plan and the amount you designate as your Annual Salary Reduction should be conservative. Remember, if you do not utilize the funds, you lose them. The maximum Annual Salary Reduction Amount is \$5,000.00.

<u>Entry Date into the Plan</u> <u>(First Payroll Reduction)</u>	<u>Number of Remaining</u> <u>Pay Periods</u>	<u>Desired Reduction</u> <u>Per Pay Period</u>	<u>Annual Reduction Amount</u> <u>(Pay Periods X Desired Reduction)</u>
____/____/____	_____	\$ _____	\$ _____

Salary Reduction Agreement

I have read and understand the Explanation of Benefits detailing the Williamson County Government Dependent Care Reimbursement Plan. With this authorization, I am directing Williamson County Government to reduce my annual compensation by the Total Annual Reduction amount shown and reimburse me upon submitting eligible dependent care receipts. By reducing my annual compensation, I am essentially paying for uncovered benefits with pre-tax dollars. I understand that this annual reduction is irrevocable and cannot be changed unless a "Change in Life Status" is experienced.

(Signature)

(Date)